Preface

War, death or sickness did lay siege to it.
–William Shakespeare, *A Midsummer-Night's Dream.*

These are men whose minds the Dead have ravished.
–Wilfred Owen, *Mental Cases*

In *Weary Warriors* we examine psychologically wounded soldiers from conflicts spanning the American Civil War, through the two world wars, the war in Viet Nam, UN peacekeeping missions, Iraq, to the current war in Afghanistan. Our interest primarily is not with the question of why soldiers are stressed or how they become exhausted from a given war, nor is our interest to detail the specifics of individual weary soldiers emerging through a particular war in order to compare illness and combat experience. Our chief interest rather is with the questions of why and how claims of combat stress are regularly contested by psychiatric and military authorities, and how combatants themselves, individually and in various forms collectively, struggle for recognition, treatment, and support for war-related neuroses. Major questions we address are these: How do material bodies and bodily discourses of individual lives create weary warriors? How are psychological wounds and the emotional distress of military personnel taken up by different configurations of power and knowledge over time? How are distinctions between the well soldier and the ill soldier established and enacted? How do soldiers find support institutionally within and outside the military? And, after discharge into civilian life, where and how do veterans with ill bodies seek help and understanding?

We have written this book with three groups of people in mind. The first group is a group of scholars and students in military studies and the history of warfare, the sociology of health and illness, disability and

public policy studies, social and cultural geography, and the growing area of Foucault studies based prominently in history, philosophy, political science, and women's studies. We see that these students and scholars in these fields share an interest in psychiatry and trauma and in the subjectivity of embodied individuals in pain and distress. A second group is veterans themselves from both recent and distant battles as well as veterans' partners, other family members, and organizations representing veterans in advancing their claims to state organizations and medical institutions. A third group includes professionals: caregivers and health practitioners working with veterans dealing with posttraumatic stress disorder (PTSD) and other mental health issues as well as policy- and decision-makers in legislatures and executive departments of government that administer the programs and regulations that govern the lives of so many weary warriors.

While these people remained at the front of our minds as we wrote, we cannot claim that this book was written for them as readers. Indeed, it is the first group, scholars and students, which are most likely to read this book. And that is okay with us. Our overall goal is to show how a particular way of thinking—developed in dialogue with the works of Michel Foucault and of several poststructural feminists—breaks open what weary warriors are and how those warriors get constructed. Once we unsnarl the knots that have produced traumatized soldiers as ill in the way they are ill and reentangle lines of thinking that have been submerged or left out of the way we think about soldiers enduring deep emotional and psychological distress are thought, we can begin to act differently. By acting differently, we do not mean forcing traumatized soldiers into prewound lives or ensuring assimilation into existing social and cultural environments. We mean that weary warriors need to be taking up their place within society, at home, and in their lives without being marked with a ostracizing mental illness, while feeling alive and ready to engage in living every single day, and having ample and appropriate support to reduce suffering.

With such an array of interests, titling our project proved difficult. Following Judith A. Lyons (2007: 312), we recognize that the "term 'warrior' is controversial, often deemed politically incorrect [within civil society]. However, it is deliberately used … to highlight that the experience of war does change a person." Charles R. Figley and William P. Nash (2007b) employ the expression "war fighters" to designate those who served their country in battle through the armed forces as combatants. Noah Richler (2012) calls Canada a warrior nation as do, more critically, Ian McKay and Jamie Swift (2013). Trevor Greene and Debbie Greene (2012) refer to the warrior path for a soldier's journey of survival and healing following a

brain injury. Chris Linford (2013) employs the term "warrior rising" to describe his journey as a soldier from PTSD and back. Martin L. Cook (2004) talks about the moral warrior among U.S. soldiers faced with difficult choices to make. And Michael Ignatieff (1998: 112) writes of the warrior's honor in modern times as the notion of "war as a moral theatre in which are displayed manly virtues in public." As we will show in the following chapters, the extent to which war changes a person and whether such change is unique to wartime are subjects of longstanding and continuing debate. Our focus in this book is on the mental anguish and emotional wounds of combat exhaustion, war-related stress, operational trauma, and psychological disorders of military personnel engaged in both war operations and peacekeeping missions.

Similarly, we had difficulty in deciding what other terms to use to describe what it is that we were trying to capture. We use the term "soldier" interchangeably with "combatant," and both include the wide range of military combat personnel: sailor, pilot, gunner, and marine. For us, the word "soldier" denotes the one who fights on orders from state-based armed forces. We variously use terms such as "traumatized soldiers," "psychologically wounded soldiers," "soldiers enduring deep emotional distress during combat," and "the soldier with a ravished mind" to unsettle the notion that weary warriors suffer from the same illness in every war. Likewise, there is no corresponding link between our choice of descriptor in any passage and either a diagnostic category or a preference on our part to describe these invisible wounds. We chose to use "Viet Nam" instead of "Vietnam." "Vietnam," primarily in the U.S., sets up a state-centered view on the war. This particular view is manifest in the names of war neuroses themselves, as in "Vietnam Syndrome" and "Post-Vietnam Syndrome." We try to distance ourselves from this view and to write more from an international view without any disrespect to American weary warriors who served during that war. We also recognize that our use of "combat" itself is problematic. Although much of our work concerns the soldiers whose paths of weariness began on the battlefield, we appreciate that other active- and nonactive-duty military personnel can endure emotional trauma as an effect of war. We also acknowledge that the way in which we framed our interests guided us to historical sources that take up emotional trauma in the military as something affecting combat soldiers. The idea that it is not only soldiers in combat units that endure distress to the point of breakdown, but also noncombat soldiers, nurses, medics, and other active-duty personnel became more popular in the past twenty-five years or so. We attribute this shift in thinking in part to the way in which wars and armed military conflicts now take place.

Key to our argument is the idea that discourse and materiality are entailed within the other, and inseparable in the reality we experience. In keeping with our theoretical goal of providing an alternative understanding for the changing course of war neuroses over roughly the past one hundred years, one rooted in Michel Foucault's work and in feminist post-structural theory, we need to figure out how to refer to the discursive practices (report-writing, record-keeping, movie-making, policy-making) and materialized discourses (reports, records, movies, policy) that generate weary warriors. To this end, we conceptualize soldiers' ill bodies as the effects of the intra-action among ideas, notions, and a priori understandings of what ill bodies are and what they can do with the concrete bodies that have suffered some disruption to a biological, neurological, or physiological process *simultaneously.* Empirically, we focus on the interplay between the actual bodies of soldiers with war neuroses and the discursive constructs associated with being a soldier and being ill via diagnostic categories, regulating policies, masculinized gender roles, and popular cultural depictions. Throughout the book, we refer to a wide range of elements that fall within the realm of how we understand discourse and materiality to be connected. We sometimes use the terms "discursive-material" or "material-discursive" to describe something, as a text, a practice, or an effect. We sometimes use discourse and materiality as separate things, mostly with the purpose of conceptually highlighting one aspect of the text, practice, or effect—but we do so with the understanding that both are deeply implicated within the other.

In this book, we examine psychiatry, the military, and masculinity, and the ways in which these three come together to generate weary warriors. We understand that these are but three sets of relations, processes, and realms of influence that actually inform the way in which soldiers come to be ill. That we chose to focus only on these three does not negate the need to understand how other *dispositifs* (which is how we come to understand the three in chapter 1), other sets of power relations (such as capitalism, citizenship, or sexuality), and other realms of influence (such as private lives, nation-state politics, or pacifist ideologies) contribute to how it is weary warriors surface differently according to the place and time of the conflict, whose side the soldier fought on, and the wider, political, and economic outcomes of a particular conflict.

One way in which these ideas play out in the book is through our analysis. For example, our understanding of institutions as fluid and flexible entities feeds our interpretations of how weary warriors come to be. We see that military psychiatry is not a place of uniformity but one full of discrepancies and contradictions. Rather than claiming that the military is

a rigid, fixed structure, an image that is prominent when studying or read-
ing about the military, we try to highlight military sites that are flexible
and elastic to show how generative a set of practices can actually be.

Another way these ideas manifest is through the manner in which we
include the voices of weary warriors. Voices appear in the book in the
written words of veterans themselves in relation to memoirs, diaries, and
poems; in the testimonies and transcripts of military courts or tribunals;
in reports by military psychiatrists and health professionals; and in the
anguished utterances of parents and partners as reported in media stories.
The voices are heard in the shouts and screams of panicked fear and terri-
fied anxiety. As well, voices of weary warriors are heard in their silences,
whether a state of uncommunicativeness from combat shock, a general
lifelessness resulting from extreme despair or trauma, or the quietness of
meditative prayer.

These sensitivities—of the people we write for, the terms we use, the
premises of our thinking, the analytical choices we make, and the voices
we hear—frame the way we have taken up our project. Our objectives
in writing this book have been to highlight how the conceptual catego-
ries of soldiers' neurotic bodies rooted in military psychiatry (as, e.g.,
shell shock, battle fatigue, PTSD, and operational stress injury [OSI]) as
well as the physical expression of war neuroses located firmly in soldiers'
ill bodies (as, e.g., irritable heart, paralysis, nerve strain, and flashback)
shift over time in particular places and specific conflicts; to elaborate on
the processes through which soldiers, military psychiatrists, and society
more generally both reinforce and contest these categories and physical
expressions of war neuroses; and to extend the critical thinking and un-
derstanding of the social practices that create, reinforce, and contest both
the discourses about and the material existences of the ravished minds
and troubled souls of weary warriors. Not simply the object of positiv-
ist knowledge, the burned out soldier's mind, body, and soul compose a
battlefield of symptoms, varying diagnostic tools, rival treatment meth-
ods muddled by different mixes of care and coercion side by side with
the contending imperatives of the armed forces, the creed of a practicing
psychiatrist, and cultural constructs of masculinity. Our overall goal of the
book is to generate a path through which to see this battlefield in a differ-
ent way, one that offers an alternative theory that reads weary warriors as
minds, bodies, and souls seeking some surety within a changeable set of
power and knowledge relations.